



Medical History Questionnaire - ADULT

Medications: _____

Herbs/supplements: _____

Medication Allergies (specify reaction): _____

Surgeries: _____

Habits

Current smoker (packs/day): _____

Former smoker (date quit): _____

Chew (times per week): _____

Alcohol (drinks per week): _____

Other substance use: _____

Social History

Occupation: _____

Marital status: _____

Number of children: _____

Place of birth: _____

Family History Please specify WHICH family member and AGE of diagnosis

Diabetes: _____

Heart disease, heart attack: _____

Osteoporosis: _____

Colon cancer: _____

Breast cancer: _____

Prostate cancer: _____

Other cancer (specify): _____

PERSONAL HEALTH HISTORY Please indicate if you have a history of any of the following:

Neurological

- Alzheimer's dementia
- Seizures or epilepsy
- Migraine headaches
- Tension headaches
- Stroke
- Multiple Sclerosis

Skin

- Acne
- Cold sores
- Eczema
- Psoriasis
- Rosacea
- Skin cancer or pre-cancer

Mental Health

- Anxiety
- Depression
- Addiction to drugs
- Alcoholism
- Insomnia

Eye, Ear, Nose, Throat

- Visual impairment
- Cataracts
- Glaucoma
- Hearing loss
- Sinusitis, frequent
- Ear infections, frequent

Kidney

- Kidney failure
- Kidney stones

Lung and Respiratory

- Asthma
- Sleep apnea
- Emphysema (COPD)
- Tuberculosis or positive PPD

Allergy, Immune

- Seasonal or environmental allergies
- Other allergies (specify): _____
- Anaphylaxis
- Urticaria (hives), frequent

Heart and Vascular

- Hypertension (high blood pressure)
- High cholesterol
- Angina (cardiac chest pain)
- Coronary disease or heart attack
- Atrial fibrillation
- Congestive heart failure

Hormonal

- Diabetes
- Osteoporosis or osteopenia
- Thyroid disorder
- Vitamin D deficiency

Gastrointestinal

- Diverticulosis or diverticulitis
- Colon polyps
- Hemorrhoids
- Hepatitis (specify type): _____
- Irritable Bowel Syndrome
- Reflux disease (GERD)
- Ulcers, stomach or duodenal

Genitourinary, STD, Reproductive

- Genital herpes
- Genital warts
- HIV/AIDS
- Prior Chlamydia or Gonorrhea
- Syphilis
- Infertility
- Erectile dysfunction
- Prostate enlargement (BPH)
- Endometriosis
- Menopause (age): _____
- Urinary tract infections, frequent
- Urinary incontinence
- Vaginal yeast or infections, frequent

Musculoskeletal

- Back pain
- Gout
- Neck pain
- Osteoarthritis (specify locations): _____

- Rheumatoid arthritis

Cancers and Blood

- Anemia (low blood count)
- Blood clots (specify location): _____
- Cancer (specify type): _____

OTHER

ILLNESSES: _____

